



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

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CANDIDATE COMMITTEE
MACOMB COUNTY CLERK
MACOMB COUNTY, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 8-26-08 to 10-19-08
Mo Day Year Mo Day Year

1. Committee I.D. Number 138060

4. Candidate Last Name COOK First Name CLARENCE M.I. A

2. Committee Name
CTE CLARENCE COOK
FOR TRUSTEE

4a. Office Sought Including District # or Community Served (If applicable)
SHELBY TOWNSHIP TRUSTEE

4b. County of Residence MACOMB

5. Committee's Mailing Address

50067 CHELMSFORD CT
SHELBY TWP MI 48315
Area Code and Phone 586 247-6380

6. Treasurer's Name & Residential Address

JOAN DORT
50070 RIMS FORD CT, SHELBY TWP MI 48315
Area Code & Phone (586) 247-8135

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address

N/A

Area Code and Phone ()

8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper)

N/A

Area Code and Phone ()

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary ☒ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

Month Day Year

9c. ☐ Annual Statement (Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper JOAN DORT
Type or Print Name

Signature

Date Oct 23 2008
Mo Day Year

Candidate CLARENCE COOK
Type or Print Name

Signature

Date Oct 23 2008
Mo Day Year



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138060

2. Committee Name C TE CLARENCE COOK FOR TRUSTEE

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>3039.16</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>3039.16</u>	(18.) \$ <u>4658.16</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>3039.16</u>	(20.) \$ <u>4658.16</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>2953.66</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>2953.66</u>	(23.) \$ <u>4536.05</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>3208.16</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>9.61</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>3039.16</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>3048.77</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>2953.66</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>95.11</u>	

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138060

2. Committee Name CLARENCE COOK CAMPAIGN FOR TRUSTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

3. Contribution #	PAC Receipt? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1</p> <p>Name: <u>NORMAN DZ. IADZIO</u></p> <p>Address: <u>55212 WOODS LANE, SHELBY TWP, MI 48316</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		<u>9-2-08</u>	<u>\$ 30.00</u>	<u>\$ 30.00</u>
<p>3. Contribution #2</p> <p>Name: <u>BOB & LEE MASINICK</u></p> <p>Address: <u>21763 DEXTER CT, WARREN, MI 48089</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		<u>8-28-08</u>	<u>100.00</u>	<u>100.00</u>
<p>3. Contribution #3</p> <p>Name: <u>JOAN DORT</u></p> <p>Address: <u>50070 ROMFORD, SHELBY TWP MI 48315</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		<u>9-16-08</u>	<u>30.00</u>	<u>30.00</u>
<p>3. Contribution #4</p> <p>Name: <u>JO COSCIONE</u></p> <p>Address: <u>20802 GASLIGHT, CLINTON TWP, MI 48036</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		<u>8-27-08</u>	<u>30.00</u>	<u>30.00</u>
<p>Page Subtotal</p> <p>Grand Total of All Schedules 1A (Complete on last page of Schedule)</p>			<u>\$ 190.00</u>	

Enter this total on
line 3 of Summary
Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138060

2. Committee Name CLARENCE COOK CAMPAIGN FOR TRUSTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

3. Contribution #	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name: <u>NANCY RESOWSKI</u> Address: <u>29310 BRITTANY CTE, ROSEVILLE, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<u>9-9-08</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
3. Contribution #2 Name: <u>DAVID WAGNER</u> Address: <u>53409 RUANN DR, SHELBY TWP, MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<u>9-9-08</u>	<u>30.00</u>	<u>30.00</u>
3. Contribution #3 Name: <u>HUBERT WARD</u> Address: <u>21543 WOODBRIDGE, ST CLAIR SHORES, MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<u>8-29-08</u>	<u>10.00</u>	<u>10.00</u>
3. Contribution #4 Name: <u>FRANK SAMINET</u> Address: <u>16424 VENTURA CIRCLE, CLINTON TWP, MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<u>8-29-08</u>	<u>30.00</u>	<u>30.00</u>
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)			\$ <u>120.00</u>	

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138060

2. Committee Name CLARENCE COOK CAMPAIGN FOR TRUSTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

3. Contribution #	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1</p> <p>Name: <u>JOHN BROGOWICZ</u></p> <p>Address: <u>14128 TOWERING OAKS, SHELBY TWP, MI 48315</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		<u>8-27-08</u>	<u>\$ 30.00</u>	<u>\$ 30.00</u>
<p>3. Contribution #2</p> <p>Name: <u>ANTOINETTE MCINTYRE</u></p> <p>Address: <u>11919 ARALIA, UTICA, MI 48317</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>RETIRED</u> Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		<u>9-4-08</u>	<u>500.00</u>	<u>500.00</u>
<p>3. Contribution #3</p> <p>Name: <u>PHILLIP RANDAZZO</u></p> <p>Address: <u>7524 22 MILE RD, SHELBY TWP, MI 48317</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>RETIRED</u> Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		<u>9-4-08</u>	<u>225.00</u>	<u>225.00</u>
<p>3. Contribution #4</p> <p>Name: <u>DOLORES WROBEL</u></p> <p>Address: <u>14057 DUNSTABLE, SHELBY TWP, MI 48315</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		<u>9-5-08</u>	<u>10.00</u>	<u>10.00</u>
<p>Page Subtotal</p> <p>Grand Total of All Schedules 1A (Complete on last page of Schedule)</p>			<u>\$ 765.00</u>	

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138060

2. Committee Name CLARENCE COOK CAMPAIGN FOR TRUSTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

3. Contribution #	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1</p> <p>Name: <u>ED ALLIGER</u></p> <p>Address: <u>4129 MORNINGVIEW, SHELBY TWP, MI 48314</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		<u>9-5-08</u>	<u>\$20.00</u>	<u>\$20.00</u>
<p>3. Contribution #2</p> <p>Name: <u>ROBERT E SCHMANDT</u></p> <p>Address: <u>43280 TALL PINES CT, STERLING HTS, MI 48314</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		<u>9-9-08</u>	<u>30.00</u>	<u>30.00</u>
<p>3. Contribution #3</p> <p>Name: <u>EMIL BOHN</u></p> <p>Address: <u>50073 ROMFORD CT, SHELBY, TWP MI 48315</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		<u>9-9-08</u>	<u>20.00</u>	<u>20.00</u>
<p>3. Contribution #4</p> <p>Name: <u>GILBERT E LENZ</u></p> <p>Address: <u>50250 SPICER CT N, SHELBY TWP, MI 48315</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		<u>9-9-08</u>	<u>15.00</u>	<u>15.00</u>
<p>Page Subtotal</p> <p>Grand Total of All Schedules 1A (Complete on last page of Schedule)</p>			<u>\$ 85.00</u>	

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138060

2. Committee Name CLARENCE COOK CAMPAIGN FOR TRUSTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

3. Contribution #	PAC Receipt? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1</p> <p>Name: <u>GERALD E. MILLS</u></p> <p>Address: <u>9030 SUGAR TREE LANE, CHARLEVOIX, MI 49720</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		<u>9-9-08</u>	<u>\$50.00</u>	<u>\$50.00</u>
<p>3. Contribution #2</p> <p>Name: <u>ELSIE DICKTY</u></p> <p>Address: <u>14588 LEEDS CT, SHELBY TWP, MI 48315</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		<u>9-11-08</u>	<u>10.00</u>	<u>10.00</u>
<p>3. Contribution #3</p> <p>Name: <u>PHYLLIS TOMLINSON</u></p> <p>Address: <u>56089 ROMFORD CT, SHELBY TWP MI 48315</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		<u>9-15-08</u>	<u>20.00</u>	<u>20.00</u>
<p>3. Contribution #4</p> <p>Name: <u>GENE WINTERS</u></p> <p>Address: <u>14699 WICKFORD CT, SHELBY TWP, MI 48315</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		<u>9-19-08</u>	<u>25.00</u>	<u>25.00</u>
<p>Page Subtotal</p> <p>Grand Total of All Schedules 1A</p> <p>(Complete on last page of Schedule)</p>			<u>105.00</u>	

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138060

2. Committee Name CLARENCE COOK CAMPAIGN FOR TRUSTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

3. Contribution #	PAC Receipt?	4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name: <u>HENRY YANEZ</u> Address: <u>14052 BERY, STERLING HTS, MI 48312</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	<input type="checkbox"/> YES	<u>10-2-08</u>	<u>\$25.00</u>	<u>\$25.00</u>
3. Contribution #2 Name: <u>NORTH MACOMB DEMOCRATIC PAC</u> Address: <u>PO BOX 183047 SHELBY TWP MI 48317</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	<input checked="" type="checkbox"/> YES	<u>10-10-08</u>	<u>100.00</u>	
3. Contribution #3 Name: <u>ARIANNA WELSH</u> Address: <u>11299 37 MILE RD, BRUCE TWP MI 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	<input type="checkbox"/> YES	<u>9-23-08</u>	<u>30.00</u>	
3. Contribution #4 Name: <u>ALAN COOK</u> Address: <u>6810 JASMINE, TROY MI 48098</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	<input type="checkbox"/> YES	<u>9-23-08</u>	<u>30.00</u>	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)			<u>185.00</u>	

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138060

2. Committee Name CTE CLARENCE COOK FOR TRUSTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES Name: <u>TOM TURNER</u> Address: <u>4524 MAEDER, SHELBY TWP, MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>9-23-08</u>	100.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>CLARENCE COOK</u> Address: <u>50067 CHELMSFORD CT, SHELBY TWP MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>8-27-08</u>	84.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>CLARENCE COOK</u> Address: <u>50067 CHELMSFORD CT, SHELBY, TWP MI 48315</u> 5. If over \$100.00 cumulative, please provide: <u>RETIRED - SMALL BUSINESS OWNER</u> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>10-8-08</u>	1180.16	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>CLARENCE COOK</u> Address: <u>50067 CHELMSFORD CT, SHELBY TWP, MI 48315</u> 5. If over \$100.00 cumulative, please provide: <u>RETIRED - SMALL BUSINESS OWNER</u> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>10-14-08</u>	125.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		1489.16	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138060
2. Committee Name CTE CLARENCE COOK FOR TRUSTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-23-08</u> Name & Address: <u>NANCY BATES</u> <u>12903 WATKINS</u> <u>SHELBY TWP MI 48315</u>		\$ <u>100.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

100.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

3039.16

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138060
2. Committee Name CTE CLARENCE COOK FOR TRUSTEE

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>US POST OFFICE</u> Address <u>UTICA BRANCH</u> <u>22 MILE & VAN DYKE</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS FOR CAMPAIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-27-08</u>	<u>\$84.00</u>
Expenditure #2 Name <u>WELSH OUTDOORS</u> Address <u>11299 37 MILE RD</u> <u>BRUCE TWP, MI 48065</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POLITICAL SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-10-08</u>	<u>371.00</u>
Expenditure #3 Name <u>MICHAEL'S ARTS & CRAFTS</u> Address <u>8500 26 MILE</u> <u>SHELBY TWP, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAPLE GUN & STAPLES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-4-08</u>	<u>16.20</u>
Expenditure #4 Name <u>WALMARTS</u> Address <u>23 MILE RD</u> <u>SHELBY TWP, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AMERICAN FLAG</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-4-08</u>	<u>22.77</u>
Expenditure #5 Name <u>WELSH OUTDOORS</u> Address <u>11299 37 MILE RD</u> <u>BRUCE TWP MI 48065</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>DECALS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-15-08</u>	<u>9.54</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

503.51

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 138060

2. Committee Name CTE CLARENCE COOK FOR TRUSTEE

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>PARTY ADVENTURE</u> Address <u>VAN DYKE</u> <u>SHELBY TWP, MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUND RAISER SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-17-08</u>	<u>42.80</u>
Expenditure #2 Name <u>STERLING HTS/UTICA CHAMBER OF COMMERCE</u> Address <u>2200 HALL ROAD</u> <u>STERLING HTS MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FUND RAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-19-08</u>	<u>30.00</u>
Expenditure #3 Name <u>PARTY ADVENTURE</u> Address <u>VAN DYKE</u> <u>SHELBY TWP, MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUND RAISER SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-22-08</u>	<u>13.76</u>
Expenditure #4 Name <u>SAM'S CLUB</u> Address <u>45600 UTICA PARK</u> <u>UTICA, MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUND RAISER - DESSERTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-22-08</u>	<u>28.91</u>
Expenditure #5 Name <u>NICK'S 2ND STREET RESTAURANT</u> Address <u>48900 VAN DYKE</u> <u>SHELBY TWP, MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-23-08</u>	<u>300.00</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>415.47</u>

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 138060

2. Committee Name CTE CLARENCE COOK FOR TRUSTEE

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>10th CONGRESSIONAL DEMOCRATIC DISTRICT</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>FUND RAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-28-08</u>	<u>40.00</u>
Expenditure #2 <u>ADVISOR-SOURCE NEWSPAPER</u> Name <u>INDEPENDENT NEWS</u> Address <u>VAN DYKE</u> <u>SHELBY TWP MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD-POLITICAL CAMPAIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-29-08</u>	<u>317.82</u>
Expenditure #3 Name <u>ORIENTAL TRADING CO</u> Address <u>11201 GILES RD</u> <u>LA VISTA, NE 68128</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MERCHANDISE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/8/08</u>	<u>44.70</u>
Expenditure #4 Name <u>SPEEDY PRINTING</u> Address <u>46723 VAN DYKE</u> <u>UTICA MI 48317</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-8-08</u>	<u>1180.16</u>
Expenditure #5 Name <u>CAMPAIGN TO ELECT</u> Address <u>ANDREW PRASILOSKI</u> <u>STATE-REP-MACOMB TWP</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FUND RAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-13-08</u>	<u>20.00</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>1602.68</u>

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138060
2. Committee Name CTE CLARENCE COOK FOR TRUSTEE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>CTE HUGH GRANT</u> Address <u>STATE REP - STERLING HTS</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUND FOR GRANT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-14-08</u> Date	\$ <u>20.00</u>
Expenditure #2 Name <u>C&G NEWSPAPERS</u> Address <u>13650 E 11 MILE RD</u> <u>WARREN MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>NEWSPAPER AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-15-08</u> Date	\$ <u>412.00</u>
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page 432.00

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 2953.66

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number

138060

2. Committee Name

CTE. Clarence Cook for trustee

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8) <input type="checkbox"/> FORGIVEN
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Clarence Cook</u> <u>50067. Chelmford St</u> <u>Shelby Twp</u>	4. Type: <u>Loans</u> 3-28-08 to 7-20-08 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ <u>1400.00</u>	<u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$	\$ _____	\$ <u>1400.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Clarence Cook</u>	4. Type: <u>Loan</u> 8-19-08 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ <u>219.00</u>	<u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$	\$ _____	<u>219.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Clarence Cook</u>	4. Type: <u>Loan</u> 8-26-08 to 10-19-08 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ <u>1389.16</u>	<u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$	_____	<u>1389.16</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138060.
2. Committee Name _____

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>9</u> <u>23</u> <u>08</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>24</u>	5. Type of Fund Raising Activity <u>Dinner</u>	6. Address and Name (if any) of the place where the activity was held <u>22nd St. Rest.</u> <u>22 mile E. W. Dgh.</u> <input type="checkbox"/> Private Residence
--	---	---	--

7. Total Contributions \$1550.00
8. Other Receipts
9. Gross Receipts (Add lines 7 and 8) 1550.00
10. Total Cost of Event 385.47
(Total Cost includes In-Kind Contributions
and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page _____ of _____

INSTRUCTIONS FOR SCHEDULE 1F, FUND RAISER